	EQUAL EMPLOYMENT OPPORTUNITY COMMISSION STATE AND LOCAL GOVERNMENT INFORMATION (EEO4)											
EXCLUDE SCHOOL SYSTEMS AND EDUCATIONAL INSTITUTIONS (Read attached instructions prior to completing this form)												
DO NOT ALTER INFORMATION PRINTED IN THIS BOX MAIL CO. FORM												
CONTROL NUMBER : 21100020 Survey Year : 19 R												
A. TYPE OF GOVERNMENT (Check one box only)												
M	1. State 2. County			3. City 4. Township			5. Special District					
	6. Other (Specify	y)			·	1	1		1			
B. IDENTIFICATION												
		1. NA	ME OF POLITIO	CAL JURISDIC	TION (If same	as label, skip to I	tem C)					
Administrative Office of the Courts												
2. AddressNumber and Street			CITY/TOWN		COUNTY		STATE/ZIP		EEOC USE ONLY A			
100	1001 Vandalay Drive			kfort	Franklin		KY-40601		В			
				C. FUN	ICTION							
function(s) i	indicated. If you ca	nnot supply the da	nta for every agenc	y within the functi	-	d for all department showing name and a	address of agencies	s whose data are no	ot included.)			
]	1.Financial Administration. Tax billing and collection, budgeting, purchasing, central accounting and similar financial administration carried on by a treasurer's, auditor's or comptroller's office and					HEALTH. Provision of public health services, outpatient clinics, visiting nurses, food and sanitary inspections, mental health, alcohol rehabilitation service, etc.						
:	GENERAL CONTROL. Duties usually performed by boards of supervisors or commissioners, central administration offices and agencies, central personnel or planning agencies, all judicial offices an employees (judges, magistrates, bailiffs, etc.)					HOUSING. Code enforcement, low rent public housing, fair housin ordinance enforcement, housing for elderly, housing rehabilitation, recontrol.			-			
	2. STREETS AND	HIGHWAYS. M	aintenance, repair,			10. COMMUNITY DEVELOPMENT. Planning, zoning, land development, open space, beautification, preservation.			ıg, land			
	administration of streets, alleys, sidewalks, roads, highways and bridges. 3. PUBLIC WELFARE. Maintenance of homes and other institutions for the needy administration of public assistance. (Hospitals and sanatoriums should be reported as item7.)					11. CORRECTIONS. Jails, reformatories, detention homes, halfway houses, prisons, parole and probation activities						
(4. POLICE PROTI constable's, corone employees engaged	er's office, etc., inc	luding technical an			12. UTILITIES AND TRANSPORTATION. Includes water supply, electric power, transit, gas, airports, water transportation and terminals.						
I	5. FIRE PROTECTION. Duties of the uniformed fire force and clerical employees. (Report any forest fire protection activities as item 6.)					13. SANITATION AND SEWAGE. Street cleaning, garbage and refuse collection and disposal. Provision, maintenance and operation of sanitary and storm sewer systems and sewage disposal plants.						
j 1	6. NATURAL RESOURCES. Agriculture, forestry, forest fire protection, irrigation drainage, flood control, etc., and PARKS AND RECREATION. Provision, maintenance and operation of parks, playgrounds, swimming pools, auditoriums, museums, marinas, zoos, etc. 7. HOSPITALS AND SANATORIUMS. Operation and maintenance of						NT SECURITY ST	ΓATE GOVERNM	IENTS ONLY			

institutions for inpatient medical care.

FUNCTION TYPE 15

(Lines 75-82)

			FUNCTION	TYPE 15				
REMARKS (List National Crim	e Information Center (NCIO	C) number	assigned to any	Criminal Justice	Agencies whose d	ata are included	in this report)	
LIST AGENCIES INCLUDE	ED ON THIS FORM							
Description of Agency	Description of Agency		Description of Agency		Description of Agency		Description of Agency	
Ambulance	Dog Co	ntrol		Library		Outstation		Vehicle Maintenance
Animal Control	Emerger Services			Liquor Commission		Parking Service		Veteran Services
Cemetery	Manpov	wer		Paramedics		Warehouse Inspector		Youth Bureau
СЕТА	Human Resource	ces		Mechanical Maintenance		School for the Retarded		WIN
Civil Defense	Human	Services		Motor Pool		Shop		
OTHER:								
CERTIFICATION. I certify that instructions. (Willfully false state		•			•	was reported in a	ccordance with ac	companying
NAME OF PERSON T	TITLE							
	HR Manager							
ADDRESS (Num	TELEPHO	TELEPHONE NUMBER Ext FAX NU		UMBER				
10	502-5	73-2350	50314	502-782-8703				
DATE	EMAIL		TYPED NA	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE				
2019-09-24	robinwinkfield@kyco	urts.net	Robin Winkfield					